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CONFIRMATION NO. 6605

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|-----------------------------|---------------------------------------|--------------|------------------------|------------------------|
| SERIAL NUMBER 10/691,899 | FILING DATE 10/22/2003 RULE | CLASS 455 | GROUP ART UNIT 2682 | ATTORNEY DOCKET NO. |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------|

APPLICANTS

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**** CONTINUING DATA *******
 This application is a CIP of 10/189,091 07/03/2002
 which claims benefit of 60/340,744 10/30/2001
 This application 10/691,899
 claims benefit of 60/420,375 10/22/2002

**** FOREIGN APPLICATIONS *******
 UNITED STATES OF AMERICA PCT/US03/00566 01/08/2003

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 01/22/2004

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|---|--|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY NY | SHEETS DRAWING 20 | TOTAL CLAIMS 11 | INDEPENDENT CLAIMS 1 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after | | | | |
| Verified and Acknowledged | Examiner's Signature <i>[Signature]</i> | Initials <i>MM</i> | | |

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TITLE
 Multiple channel wireless communication system

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|---|
| <input type="checkbox"/> All Fees |
| <input type="checkbox"/> 1.16 Fees (Filing) |

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| FILING FEE RECEIVED 595 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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